

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

111 488

FILING DATE

1-14-80

APPLICANT(S)

Klawitter

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	3		4			
TOTAL DEP.	16		15			
TOTAL CLAIMS	19		19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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